

MULTIPLIER™

CREDIT CARD AUTHORIZATION FORM

CONTACT INFORMATION	REP CODE:
COMPANY NAME:	TAX ID NUMBER:
EMAIL <i>Primary Contact</i> :	TELEPHONE <i>Primary</i> :
EMAIL <i>For Receiving Invoices</i> :	TELEPHONE <i>Accounting</i> :

CARDHOLDER AGREEMENT
<p>CREDIT CARD HOLDER HEREBY AUTHORIZES MULTIPLIER INDUSTRIES, LLC (MULTIPLIER) TO CHARGE PURCHASES TO THE CREDIT CARD ACCOUNT PROVIDED AND TO HAVE PURCHASES SHIPPED TO THE ADDRESS BELOW. CARDHOLDER AGREES TO FULL RESPONSIBILITY FOR PAYMENT OF ALL FUTURE PURCHASES AND THAT THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELLED IN WRITING.</p> <p>CHECK CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>SECURITY CODE ON CARD (3 OR 4 DIGITS) _____ EXPIRATION DATE _____</p> <p>CARD NUMBER _____</p> <p><input type="checkbox"/> CHARGE UNTIL AUTHORIZATION CANCELLED <input type="checkbox"/> CHARGE THIS PURCHASE ONLY (\$ _____)</p> <p>CARDHOLDER'S SIGNATURE _____ DATE _____</p> <p>NAME ON CREDIT CARD (PLEASE PRINT) _____</p> <p>CREDIT CARD BILLING ADDRESS _____</p> <p>_____</p> <p>BANK NAME _____ BANK TELEPHONE _____</p>

SHIP TO ADDRESS <input type="checkbox"/> USE ABOVE ADDRESS <input type="checkbox"/> USE ALTERNATE ADDRESS BELOW
COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

INSTRUCTIONS
<p>PLEASE COMPLETE ALL INFORMATION REQUESTED. FAX THIS FORM WITH CARDHOLDER SIGNATURE TO MULTIPLIER INDUSTRIES, ATTENTION: HOLLY WETTINGFELD. FAX NUMBER: 770-569-1844. QUESTIONS? CALL 800-529-1618 x30. THANK YOU.</p>